mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PL

V. S. No. 1

TION is very important. See instructions on back of certificate.

Every item of infor-

Exact statement of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	13116
1. PLACE OF DEATH		THE Y	
County KENT 0		Pagintustian Diet No. 9	10
Village or City 2001 Con		Registration Dist. No.	~
Village of City 2 40 000	(1)	NoSt. death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence in city or town where death	occurredwrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Dances	2 adams		
(a) Residence: No. 404	and.	St Ward.	
	(Usual place of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEAT	H
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	_
Sure Bolored	Widow	(Month) (Day)	, 193 (Year)
5. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY That Letter	
(or) WIFE of		22. I HEREBY CERTIFY, That I etter	
6. DATE OF BIRTH (month, day, and year)	122/35	I last saw h. As elive on Awa 22 ,19.	, 20-2
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	, 00011113 3010
7 1	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
8. Trade, profession, or particular		were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ouse works	Carenoma of lower	12-12-9
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and		Son	1.6.7.5.7.9
SAW MILL, BANK, etc	11 Tatal time (const)	0	
this occupation (month and year)	11. Total time (years) spent in this occupetion		
Line.	T Occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	·		
	7		
E	2		
14. BIRTHPLACE (city or tewn) (State or country)	10	Name of operation Dete	
	Nes.	What test confirmed diegnosis? Was there	
T. T	72/	23. If death wes due to external causes (VIOLENCE) fill in also the follo	
O 16. BIRTHPLACE (city or town)	-	Accident, suicide, or homicide? Date of Injury	, 19
George, ad		Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT (Address)	and.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Fun Dal	Manner of injury	************
Place Dele Cumetery Da	ite 11/25/ 1931	Nature of injury	
19. UNDERTAKER 4 Males D	uniels	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Toursend	al.	If so, specify	
20. FILED Yor. 26-1935 - wele.	with Bree.	(Signed) a. R. Cruekley	M. D.
20. 111.	Registrar.	(Address) milleton	all

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis 9031 9 930	3 days ago
		MECENIA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13117
County Cent	1602
County County	Registration Dist. No.
Village or City Coney Coney	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmes	
2. FULL NAME Marterie Cos	h
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEXY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TWV. 9
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 720, 9-1931	I last saw har elive on 2001. 7, 19035; deeth is sald
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es lollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Sloan culatin; the result
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	of a breech delivery a car's of
S, Industry of Business in Which Work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and	This child lived only a very short
yeer) occupation	Othor Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME X Paymond Namet	
14. BIRTHPLACE (city or town). Lesses to a le mel	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME Cligabille Cish	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) // Lenk Co Zach	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17 INFORMANT OVA John San (Address) Millimother Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Clesterally Date por , 10- 19) 7	Nature of injury
19. UNDERTAKER AM H. Your & Son (Address) Mulli- land	24. Was disease or Injury In eny way releted to occupation of deceased?
20. FILED Mr. 9 , 193 1 Ju Prin	(Signed) M.D.
16 more block or and 111 See Print	(Address) Computer such

If more blanks are needed, addies State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S./No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chamic intentitial application DEC 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage S. S.	July 5,1927	Peritonitis	3 days ago
La marine de marine de la marine dela marine de la marine de la marine de la marine de la marine dela marine de la marine dela marine dela marine dela marine de la marine dela marine de			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Cut	Registration Dist. No. 20 2
	MoKest Y Seeem Oames Osseel St osp . Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stellom Or W	Jf U.S. Veteran specify WAR.
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH 4
Female White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
7 3 1951	1935, 10 Nov 3, 1935.
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Months	lo heve occurred on the dete stated above, at
a Cell der 18ty,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8 Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
10. Dete deceased last worked at this occupetion (month and year)	
Fresh Con Trad	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
2 6 -21	
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Malter O Carter	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Lune Coo Luf	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Many Callinno Cesal (Address) Charles Hell Mc	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Date nor 4, 1935	Manner of Injury
19. UNDERTAKER Plater X Halling more	24. Was disease or injury in eny wey releted to occupation of deceased?
20. FILED MY 3, 19.3 V W.J. Keek	If so, specify (Signed) M. D.
Registrar.	(Address) Crumpton, 1016

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m of OCCUPA.

STATE OF	MARYLAND	-CERTIFICATE	OF DEATH	131
Earth Lewh		107-01	Registration Dist. No.	201

1. PLACE OF DEATH	102
County / Cent, 0,	Registration Dist. No.
Village or City Laguest Grove	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. / How long in U.S. If of foreign birth?
Langth of rasidenca in city or fown Phara daath occurred	
2. FULL NAME July Con	welly are
(a) Residence: No. (Usual place of abode)	St., Ward. (/ If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male male or bilo OR DIVORCED (write the word)	Nov 22, 193 J
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
h - 7 1921	hor 42 - 19 38, to hos 202 , 185
6. DATE OF BIRTH (month, day, and year)	i last saw h; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on tha data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related gauss of importance
	wera as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broad De Voss along
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked at this occupation (month and spent in this	
yaar) oc:upation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Locust Grove	Other Contributory Causes of Importanca:
(State or country) Seut Co, 87K,	
13. NAME John archite Conselled 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Telew Tolder. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The Callege Connelly	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Isaleus Date nor 23, 1930	Natura of injury.
WELL TOOKS	24. Was disaase or injury in any way related to occupation of daceasad?
19. UNDERTAKER (Address) The Lexionia The	If so, specify
nor is Inlove	(Signad) Lan W. Chie M. D.
20. FILED Registrar.	(Address) . It would walle a

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Tate.

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1. C. B. 1995	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Perilmitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	----------------	------------	----	-----------

m

infor-

OCCUPA.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JEC 3 1135	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- area			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3		
£	-		

V. S. No. 1

OCCUPA-

should

1. PLAC

2. FULL

3. SEX

5a. If married HUSBANI

6. DATE OF B

13. NAME

17. INFORMANT

19. UNDERTAKER

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

(Address)

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town)

(State or country

18. BURIAL, CREMATION, OR REMOVAL

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND-	CERTIFICATE OF DEATH
PLACE OF DEATH Kent	Registration Dist. No. 202
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsds.
(a) Residence: No. 329 Canada (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGE, MARRIED, Willow LD, OR S. L. L. Course the word)	21. DATE OF DEATH Mov. 20, 193 5 - (Month) (Day) (Year)
HUSBAND of arrie Frish	22. I HEREBY CERTIFY. That I ettended deceased from
ATE OF BIRTH (month, day, and year) Lee. 250/876	I last saw h.m. alive on Nov. 20, 1935; deeth is seid
GE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
** Trade, profession, or particular kind of work done, as SPINNER, Concrete Worker SAWYER, BOOKKEEPER, etc	Staffylococus Carchis at
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic interstitied neghritis Dastion: on flor.
10 Date deceased lest worked at this occupation (month and year)	Duration 3 a year or mare

What test confirmed diagnosis?_____ Wes there an au'opsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur?_____ (Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury_____

24. Was disease or Injury In eny way related to occupation of deceased? If so, specify

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	f)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS	BY	PHYSICIAN
--------------------------	------------------	----	-----------

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may hould be carefully supplied.

TION is very important.

Exact statement

N. B.-WRITE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH of OCCUPA-

1. PLACE OF DEAT	Н			(19/7)
County	cut			Registration Dist. No. 202
Village or City				No with and hyper access and syntal Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city		- 1	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	mare	Emust	in Ma	5 In If U.S. Yeteran specify WAR
(a) Residence: No	Rock't	(Usual place of	uel . of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
female of	OR RACE		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH November 24 74 (Month) (Dey) (Year)
'5a. If merried, widowed, or divording HUSBAND of (or) WIFE of	iltou	mashin		22. I HEREBY CERTIFY. Thet I attended decessed from Nov /3 1935 to Nov 26 1935
6. DATE OF BIRTH (month, day,	and year) A	ше 30	1850	I last sew here alive on 200 25 , 19 35; deeth is said
7. AGE Yeers	Months	Deys	If LESS then	to have occurred on the date steted above, at 350 A.m.
85	4	27	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or parkind of work done, a SAWYER, BOOKKEP 9. Industry or business in work wes done, es SI SAW MILL, BARK, et SAW MILL, BARK, et Date decesed last work this occupation (monyear) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or tow (State or country) 15. MAIDEN NAME AN 16. BIRTHPLACE (city or tow (Stete or country)	s SPINNER, ER, etc	House the Otor hour 11. Total ti span occu anglassel on Hicks margla Margla Margla	me (yeers) It in this pation	Early - Mayor asslabas cheoric Hypo static Municipalities cheoric Mypo static Municipalities cheoric Marchiel vais life lies Fractions coursed by receivertal fall swall Other Contributory Causes of Importance: Oth Age & Deserbent Alipped on floores fell downs, and brake bife since Norce food 13th, 1935. Name of operation Whet test confirmed diagnosis? Was there an au'opsy? 23. if death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident. Date of injury Marchaef, 1935. Where did injury occur?
17. INFORMANT	Rock	Leany Lelipe	0	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Wesley C	apel Cha	respete /	1/28 1935	Menner of injury Leadertat falla Nature of injury Fracture of asch of farmers
19. UNDERTAKER (Address)	elphi	K. Staill	7	24. Wes disease or injury in eny wey releted to occupation of deceased?
20. FILED MOX 26 - 15	35- W	Tilte	eks Registrar.	(Signed) albert G. Burgard M. D. (Ardress) Rock tall,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PAUL V. ST	73		HeX at 12
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DING .	PL. LY, WITH CNFADING INK-THIS IS A PERMANENT RI D. Every item of infor-	uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
FOR BIN	IS A PER	stated EX	properly cl	certificate.
M RGIN RESERVED FOR BINDING	VFADING INK-THIS	plied. AGE should be	rms, so that it may be	ery important. See instructions on back of certificate.
M	PLATY, WITH ET	uld be carefully supp	E DEATH in plain ter	ery important. See in

:	County	тн	Kept		
	Village or City Length of residence in ci FULL NAME (a) Residence: No.	ty or town where	fie K listo	More mos	N death o
	PERSONAL AN	D STATIST	(Usual place		1
-	Tenuale 1. colo	R OR RACE	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. [
5a.	If merried, widowed, or divo HUSBAND of (or) WIFE of	not 1	nown		22.
6	DATE OF BIRTH (month, day	v and vaar)	/.	1895	lest
	AGE Yeers 36	Months	Days	If LESS than 1 day,hrs.	to he
OCCUPATION	8. Trade, profession, or print of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, es SAW MILL, BANK, 6 10. Date decessed last work this occupation (more year)	as SPINNER, PER, etc which SILK MILL, etc ked at nth end	II. Total ti	me (yeers) it in the pation	Other
12,	BIRTHPLACE (city or town) (Stata or country)	Bal	times	- mid	Other
FATHER	14. BIRTHPLACE (city or to (State or county)	wn) Z	alteur	ou ou	Name
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn Sac	Call	×Co	23. If d
17.	INFORMANT (Address)	Sh. X	Bar	ces .	Speci
18.	BURIAL, CREMBTION, OR R	EMOVAL	Date Tro	Y 52,19,55	Mann Natur
19.	UNDERTAKER (Address)	Kurt	lel	los	24. Wa
20.	FILED NOV. 22	935-20	THE	cks	(

Registration Dist. No. 0._____St., ____Ward
ccurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____yrs.____mos.____ds. MEDICAL CERTIFICATE OF DEATH DATE OF DEATH I HEREBY CERTIFY. Thet I attended deceased from end related causes of importence Date of enset Contributory Causes of importance: leeth wes due to external ceuses (VIOL ENCE) fill in also the following: (Specify city or town, county and State) fy whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. specify

mation she

TION is

-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Perilonilis	3 days ago
- Innerence				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-00
County / Least	Registration Dist. No. 204
	St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME George Morre	If U.S. Veteran specify WAR
(a) Residence: No. Chesturia wa	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kaith Mark	22. Nere I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 18, 1873	I last saw harmalive on row 12 ,19 35; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
### \$63 1 25 1 day,hrs. ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Asserting to borson SAWYER, BOOKKEPER, etc.	Sely see of heads mayer
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and	- And if of
this occupation (month and 10 2)	Duration : thaty-six howers, Curson
year) occupation occupation	Other Contributory Canses of importance:
(State or county) (eut - Co . Mu	Jarolgus I. Lifs fide Wer/32
13. NAME LEAVE MATER 14. BIRTHPLACE (city or town) Leave town	
14. BIRTHPLACE (city or town) Leogetown	Name of operation
(State or country) Lent- 2nd	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Margaret bright	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margarit Gright 16. BIRTHPLACE (city or town) Sint Co.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT I Statch Moore - mp (Address) Chesculan	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Horgelinou Date Nov / 5, 1935	- Nature of injury
19. UNDERTAKER as busy & entry (Address) Chester & entry	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nor-15-, 1935- 7. It Switch	(Signed) Lagriful Luilt M. (Address) Philoshelawn 3nd

V. S. No. 1

-WRITE PL

ğ

PHYSICIANS should state

of OCCUPA-

Exact statement

be

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

Every item of infor-

IS A PERMANENT RE stated EXACTLY. properly classified.

NFADING INK-THIS

AGE should be it may

AGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- V	. 5.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			2.00	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause; Under other contributory causes of importance, name other important diseases or injuries. Examples:

Leample I		Example II		
The principal cause of death and related causes of importance were as follows: 3	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WRITE

1	EL CD. Ever	PHYSICIAN	xact statemen	
POIL DINDING	S IS A PERMANENT R	stated EXACTLY.	properly classified. E	certificate.
MAIN MEDELVIED FOR DINDING	UNFADING INK-THIS	supplied. AGE should be	terms, so that it may be	ee instructions on back of
	-WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RECED FOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 13127
1. PLACE OF DEATH	
county Kint County.	Registration Dist. No. 204
Village or City Frong Soun	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	dealn occurred in a nospital or institution, give its INAINE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. '
EN 9 10 10	The state of the s
2. FULL NAME Alla J. Justill	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	101 4 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Chas, Marshall Russell	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) [14.0] 1860	liast saw h alive on Nov 2 19 35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75? 3 unkn, 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardes Pep trutes 1931
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	01
SAW MILL, BANK, etc.	Chrone Refoluter. 1931
this occupation (month apply)	
yoar) occupation My	Other Contributory Causes of importance:
12. BIRTHPI.ACE (city or town) Mary Ribles Turner.	
(State or country) (Meen Am County	Mysocratter Ourone 1932
13. NAME Thos. Hymson	
14. BIRTHPLACE (city or town)	Nama of operation
(State of country) which with refundy	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME hisan Hypsin 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) arun ann lounty	Where did injury occur?
17. INFORMANT Chas Marchall Russell.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place as Many Sim. Data Will. Nov. 6, 1935	Nature of injury.
19. UNDERTAKER Manying by Millagins (Address)	24. Was disease or injury in any way related to occupation of decased?
nowhere 6 35 Death it	(Signer) suff le fruit M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 2	July 5,1927	Peritonitis	3 days ago
ARTERIA V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	AL SPACE FOR			

	REC	7. PE	Exact	
NDING	RMANENT	XACTL	classified.	
FUK BI	IS A PE	stated E	properly	certificate.
3	HIS	pe	pe	Jo
MAGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
0.1	-WRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importan

N. B.-WRITE PLA

V. S. No. 1

RD. Every item of inforstatement of OCCUPA-

1. PLACE OF DEATH	S S S S S S S S S S S S S
County	Registration Dist. No.
Village or City & Rescholares	No. and A Ward Proces Cost, Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmc	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 13aby AKellu	Tax If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward, Ward Law The State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (whis the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Wire Euro Car 1994	A last saw h. A alife on 19.30 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
O O O I day O hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Data afonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Stel Born
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at specific part in this country in this pocusion (month and control of the specific part in this secure in this secure in this secure in this secure in the specific part in this secure in the specific part in this secure in the secure in this secure in this secure in this secure in the secure in this secure in the sec	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant In this cocupation occupation	
12. BIRTHPLACE (city or town) and a leave Afrone Una f	Other Contributory Causes of Importance:
14/-01	
I IS. NAME	1 out
13. NAME / William J. Marie J.	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an aulopsy?
I 15. MAIDEN NAME Cyn Malloniau	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Copy Laulersuces 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, connty and State)
17. INFORMANT CAddress Control of Control	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Mone
Place Chustu Cim Date How 17, 192	
19. UNDERTAKER Hayry & Williams (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED HOUST 1935 EUT Sticks	(Signed) Fruit Here & M.D.
Registrar.	(Artdress) black of land and

CTATE OF MADVIAND CEDTIFICATE OF DEATH

4,60

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
D.			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1 N. B.—V

STATE	OF	MARYLAND-CERTIFICATE OF DEATH	

-1	d)	1	4 3	1	5
1	ę,)	1	2	0	ÿ

1. PLACE OF DEATH	940
County Kent	Registration Dist. No.
Village or City Chesterlown	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U. S. if of foreign birth?
2. FULL NAME James Well	
(a) Residence: No. Klundyville W. Wulplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writes the word)	
5a. If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND of mary Lohnston	22. I HEREBY CERTIFY. That I attended decesed from
6. DATE OF BIRTH (month, day, and year) July 12, 188	I last saw here elive on Nov 28-/4 hour before, 19 25; death Is said
7. AGE Years Months Days If LESS than	
5-0 4 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Manual L. SAWYER, BOOKKEPPER, etc	Famely Report light attacks
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	de provisions.
10. Date deceased last worked at this occupation (month and the year) (9.3)	one I manno I sortico
12. BIRTHPLACE (city or town) / Lennedyrille	Other Contributory Causes of Importance:
(State or country) Rend Co. Tund.	
13. NAME James Teer	4
13. NAME James Teer 14. BIRTHPLACE (city or town). Kennedynles (Stete or country)	Name of operation and Mark Attack Mark Date of
	What test confirmed diagnosis 223 M fattisch der Was there an autopsy? MA-
T P C	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Ours Inary L Johnsto	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Semethon OR PEMOVAL	
Place Methodial Cene Date Date 193	Menner of Injury
V Case if Mark 190 (190)	Nature of injury.
19. UNDERTAKER BLOWS (Address) Stall Sove	24. Wes disease or injury In any way related to occupation of deceased?
3-29 31- 2VII 2/CA	(Signed) Jo 13 Summons M. D.
20. FILED POLICE Registrar.	(Address) Chlaliston, Wed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 3 1503	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
---------------------------------	------------	------------------------	-----------

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3130
1. PLACE OF DEATH	940 201	,
County PYO	Registration Dist. No.	
Village or City Chaleston (1. F.A.)	No. St.,death occurred in a hospital or institution, give its NAME instead of street and no	ward (ward)
Length of residence in city or town where death occurred yrs. mos 2. FULL NAME A. J. W. Lukitele	ds. How long in U.S. If of foreign birth?yrs,mos	ds.
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. MARRIED, Write the word)	21. DATE OF DEATH (Month) (Day)	193 5 (Yaar)
5a, If married, HUSBAND of	/ / /	
Mary 4. Whileley	22. HEREBY CERTIFY, That I attended d	eceased from
6 DATE OF BIRTH (month day and year) June 10 - 15-70	I last saw h Ly alive on Nov. 26 1935.	~, 1 <u>9</u> _5_9_
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 3:30 A.m.	death is said
65 5 /9 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
ormin.	were as follows:	Date of enset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Had several attack of	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	anguina Pectoris duringthe	
0. Dato deceased last worked at this occupation (month and yaar) 11, Total time (years) spent in this occupation	Gratal attack of angina	noo 29-3
12. BIRTHPLACE (city or town) Kent Co.	Other Contributory Causes of importance:	
(State or country)		
II 13. NAME FUB H. Rohleter		
13. NAME 14. BIRTHPLACE (city or town) Left Confidence (City or town)	Name of operation Date of	
(State or country)	What tast confirmed diagnosis? Was there an au	tonsy? No
15. MAIDEN NAME Jesnette Herman	23. If death was due to external causas (VIOL ENCE) fill in also tha following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 2. Lebet C.	Accident, suicide, or homicida? Date of injury	
(State or country)	Where did injury occur?	,
17. INFORMANT Mrs. Ches. E. John (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Chester Comeley Data 12/1, 1935	Nature of injury	
19. UNDERTAKER Relief Husiling (Address)	24. Was disease or injury in any way related to occupation of decaased? . 72	0
Mon 20 24 man .	If so, specify	
20. FILED 1935 1935 Registrar.	(Address had town, Ma	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
F 5E0 6 1995			
Other contributory causes of importance: 5		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Leuf	Registration Dist. No. 213
Village or City Edisville - Noch	Helko R St., Walder of the street of the street and number)
Length of residence in city or town where death occurredyrsme	os. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME James as Lury lb	elle W. I. Sweteran specify WAR
(a) Residence No Padernelle	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH 700. 12 ,1935 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
	- M. 19 19 19 19
. DATE OF BIRTH (month, day, and year) May . 13 . 1935	I last saw h alive oh, 19; death is sa
. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
5 /6- 1day,hrs	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of ones
SAWYER, BDDKKEEPER, etc	they nouraled baly.
work was done, as SILK MILL, SAW MILL, BANK, etc	1
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	formed dead we bed.
2. BIRTHPLACE (city of town) & Leanule	Other Contributory Causes of importance:
(State or constry) News. Qu and	Cornelit for Whole
13. NAME Joseph Wellesius	(hobable Blonche Ineman
13. NAME Yearth Williams 14. BIRTUPLACE (orty or town). Park Hall	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Vattice Catter	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (Git) or town) - Fort Base	Accident, suicide, or homicide? Date of Injury, 19
(State of country) / Ceess le med	Where did injury occur?
7. INFORMAN Phisp Wallaces. Track (Address) . York Hall RA ma	(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL DO Date MAY 14, 1933	Manner of injury
UNDERTAKER IM . H. Hord in	24. Was disease or in many in any way related to occupation of deceased?
(Address)	If so, specify 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Perilonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
		4		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. AD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
NDING	MANENT REC	XACTLY. PH	classified. Exact	
MAGIN RESERVED FOR BINDING	THIS IS A PER	d be stated E	y be properly o	k of certificate.
GIN RESERV	ADING INK-	ed. AGE shoul	s, so that it ma	ructions on bac
N N	Z, WITH UNE	arefully supplie	H in plain term	rtant. See inst
• 1	-WRITE PLAINLY	mation should be c	CAUSE OF DEAT	IION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	——— ®	
County Kent-	93-02 Registration Dist. No. 202	
Village or Cityrear Chesheloria Length of residence In city or town where death occurred Onlygistron Sind	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) How long In U. S. If of foreign birth? yrs. mos. ds.	
2. FULL NAME Chillians IL Wright	- If U.S. Veteran specify WAR	
(a) Residence: Nolmicon towns . Louis and Fo	Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 1935 (Month) (Day) (Year)	
HUSBAND of Cor) WIFE of Matilda Clark	22. I HEREBY CERTIFY. That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) hot known 1879	Hast saw how different allers to the death is said	
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Acute Myocardetis no. 19/6	
12. BIRTHPLACE (city or town) a see of the Conference of the Confe	Other Contributory Causes of Importance:	
II 13. NAME hot known		
13. NAME hot house 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Wes there an au'opsy?	
15. MAIDEN NAME FORDING Winglet 16. BIRTHPLACE (city or town) Guten anne (D (State or pountry) 17. INFORMANT Class Milliam (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place Communication of Removal Determine 1995	Manner of injury	
19. UNDERTAKER WE H Good (Address) Church Holl Ma	24. Was disease or injury in eny way related to occupation of decesed?	

V. S. No. 1

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	WATER.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
----------------------	---------	------------	---------------	-----------